Date:May. 6, 2021
Your Name: Geng-wei Huo
Manuscript Title:The incidence of gastrointestinal adverse events in patients with advanced NSCLC treated with PD-: inhibitors: a meta-analysis
Manuscript number (if known):TCR-21-125-CL
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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None		
13	Other financial or non- financial interests	XNone		
DI-				

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:May. 6, 2021
Your Name:Fu-yi Zhu
Manuscript Title:The incidence of gastrointestinal adverse events in patients with advanced NSCLC treated with PD-1
inhibitors: a meta-analysis
Manuscript number (if known):TCR-21-125-CL
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None		
13	Other financial or non- financial interests	XNone		
DI-				

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:____May. 6, 2021___

Consulting fees

X__None

Your Name:Ran Zuo Manuscript Title:The incidence of gastrointestinal adverse events in patients with advanced NSCLC treated with PD-1						
inhibitors: a meta-analysis						
Ma	nuscript number (if known)	:TCR-21-125-CL				
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pa	rties whose interests may be	e affected by the content o	f the manuscript. Disclosure represents a commitment			
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rel	ationship/activity/interest,	it is preferable that you do	so.			
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		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as				
		needed)				
		Time frame: Since the initial	planning of the work			
1	All support for the present	XNone				
	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article					
	processing charges, etc.) No time limit for this item.					
	No time limit for this item.					
		Time frame: past	36 months			
2	Grants or contracts from	XNone				
	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	XNone				

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	V. Nana		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	XNone		
,	meetings and/or travel			
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8	Patents planned, issued or	X None		
	pending			
9	Participation on a Data	X None		
,	Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role	X None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	XNone		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
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	None.			
	. //			

Please place an "X" next to the following statement to indicate your agreement:

Dat	May 6 2021							
	Date:May. 6, 2021 Your Name:Ying Song							
Ma	Manuscript Title:The incidence of gastrointestinal adverse events in patients with advanced NSCLC treated with PD-1 nhibitors: a meta-analysis							
In t rela par to t	Manuscript number (if known):TCR-21-125-CL In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.							
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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7	Support for attending meetings and/or travel	XNone	
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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
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None.			

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Date:____May. 6, 2021_

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X__None

You	Your Name: Wei-dong Chen				
Manuscript Title:The incidence of gastrointestinal adverse events in patients with advanced NSCLC treated with PD-1					
	ibitors: a meta-analysis	8			
	nuscript number (if known)): TCR-21-125-CL			
			relationships/activities/interests listed below that are		
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	-		f the manuscript. Disclosure represents a commitment		
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	ationship/activity/interest,	<u>-</u>	-		
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The	e following questions apply	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>		
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	•	-	<u>defined broadly</u> . For example, if your manuscript pertains		
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me	dication, even if that medic	ation is not mentioned in t	he manuscript.		
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
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8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
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	None.		

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_X__None

Yo	ur Name:Wen-ming Che	n			
Manuscript Title:The incidence of gastrointestinal adverse events in patients with advanced NSCLC treated with PD-1					
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Ma	anuscript number (if known)):TCR-21-125-CL			
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	-	-	of the manuscript. Disclosure represents a commitme	nt	
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			e all relationships with manufacturers of antihyperten		
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	e time frame for disclosure i	• •			
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		Name all entities with	Specifications/Comments		
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		relationship or indicate	institution)		
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	medical writing, article				
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V. Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
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8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
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13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
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	None.		

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Date:May. 6, 2021
Your Name:Hong-mei Zhang
Manuscript Title:The incidence of gastrointestinal adverse events in patients with advanced NSCLC treated with PD-1
inhibitors: a meta-analysis
Manuscript number (if known):TCR-21-125-CL
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3	Royalties or licenses	XNone	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
DI-			

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:May. 6, 2021
Your Name:Sha-sha Jia
Manuscript Title:The incidence of gastrointestinal adverse events in patients with advanced NSCLC treated with PD-1
inhibitors: a meta-analysis
Manuscript number (if known):TCR-21-125-CL
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
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None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:May. 6, 2021
Your Name:Peng Chen
Manuscript Title:The incidence of gastrointestinal adverse events in patients with advanced NSCLC treated with PD-1
inhibitors: a meta-analysis
Manuscript number (if known):TCR-21-125-CL
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